MANNATECH

U.S. Disclosure of Partnership

MAIL TO: 600 S. ROYAL LN., SUITE 200
COPPELL, TX 75019 • FAX: (800) 267-2722

FORM C-1

1. Employer I.D. or Tax I.D. Number _____

2. The person(s) primarily responsible for managing the Mannatech business (the Manager) is/are:

   _____

3. Name or Partnership enrolling as a Mannatech Independent Associate:

   _____

   States where the Partnership has a place of business or registered: _____

   Address of registered office: _____

   Principal business address: _____

   Telephone Number: _____

   Other address where business is conducted (if any):_____

   _____

   The Partnership trades under the following registered business names:_____

   _____

4. List the names of each partner:

   Partner Name/Address/Telephone Number

   _____

   OFFICE TITLE OR FUNCTION | RELATIONSHIP TO MANAGER | ACTIVE IN BUSINESS? (YES/NO)

   Partner Name/Address/Telephone Number

   _____

   OFFICE TITLE OR FUNCTION | RELATIONSHIP TO MANAGER | ACTIVE IN BUSINESS? (YES/NO)

   Partner Name/Address/Telephone Number

   _____

   OFFICE TITLE OR FUNCTION | RELATIONSHIP TO MANAGER | ACTIVE IN BUSINESS? (YES/NO)

- If any individual listed above is under age 18, an "X" should be affixed next to his/her name.
- If any individual listed above is not engaged in the business and is acting only in a professional capacity, "XX" should be affixed next to his/her name.

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FORM C-1

5. The partners, who must be natural person(s), by making this application, affirm that they will abide by all Associate Policies and Procedures when conducting Mannatech, Incorporated ("Mannatech") business activities, and will enforce such policies with regard to all employees and consultants. The partnership, partners and limited partners hereby personally indemnify Mannatech for all wrongful acts of employees and consultants and for any liability, and for the failure of such person(s) to abide by the Policies and Procedures of Mannatech in respect to the conduct of any Mannatech–related business.

Signature of each Partner:	Printed Name:
_____	_____
_____	_____
_____	_____
_____	_____

Disclosure of Partnership—Form C-1 and a Statement of Guarantee and Indemnity Form C-2 must accompany a signed Associate Application and Agreement form. Failure to complete sign and return these forms may prevent commissions from being paid.

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U.S. Statement of Guarantee and Indemnity for Partnerships

FORM C-2

Mannatech, Incorporated ("Mannatech") shall not be liable or responsible for, and shall be saved and held harmless by _____ from and against any and all suits, actions, losses, damages, claims or liability of any character, type or description, including all expenses of litigation, court costs and attorney's fees, for injury or death to any person, or injury to any property alleged, received or sustained by any person or persons or property, arising out of or occasioned by, directly or indirectly, the performance of the business relating to the Associate account including claims and damages arising in whole or in part from the intentional acts and/or negligence of _____ and including its partners and/or employees as the case may be.
PARTNERSHIP NAME

It is the expressed intent of the parties to this Agreement that the indemnity provided for in this section is an indemnity extended by the undersigned natural persons to indemnify and protect Mannatech from the consequences of _____, including the negligence caused by its partners and/or employees as the case may be, whether such negligence is the sole or contributory cause of the resultant injury, death or damage, or provided, however, that the indemnity provided for in this section shall apply only when the negligent act of _____ including its partners and/or employees, contractors and/or consultants, is a contributory cause of the resultant injury, death or damage, and shall have no application when the negligent act of_____ _____, including its partners and/or employees is the sole cause of the resultant injury, death, or damage, unmixed with the legal fault of another person or entity.
PARTNERSHIP NAME

Each person(s), by making this application, affirms that he/she will abide by the Associate Policies and Procedures when conducting Mannatech business activities.

Signature of Partners as set forth on Form C-1:	Printed Name:
_____	_____
_____	_____
_____	_____
_____	_____

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